

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	JH		05/11/01
O.I.P.E. CLASSIFIER		59	611
FORMALITY REVIEW	MM	920	07-06-01
RESPONSE FORMALITY REVIEW			

# INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 - (Through numeral)..... Canceled  
 + ..... Restricted

N ..... Non-elected  
 I ..... Inadmissible  
 A ..... Appeal  
 O ..... Objected

**BEST AVAILABLE COPY**

Claim	Date
Final	
Original	
1	7/8/01
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Claim	Date
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If more than 150 claims or 10 actions  
 staple additional sheet here

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